

Application or Docket Number

10-032610

(Column 1)

Column 2

AMENDMENT	(Column 1)		(Column 2)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	31	Minus	31	=
Independent	4	Minus	4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE
\$25	
\$105	
\$185	
TOTAL	
ADD. FEE	

OR

RATE	ADDITIONAL FEE
\$50	
\$210	
\$370	
TOTAL	
ADD. FEE	

AMENDMENT	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total				
Independent		Minus		=
		Minus		=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Diagram illustrating the calculation of the total amount due using two alternative methods:

Method 1:

RATE	ADDITIONAL FEE
TOTAL	ADDITIONAL FEE

OR

Method 2:

RATE	ADDITIONAL FEE
TOTAL	ADDITIONAL FEE

AMENDMENT	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent		Minus	
		Minus	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐

RATE	ADDITIONAL FEE
TOTAL	ADDITIONAL FEE

OR

RATE	ADDITIONAL FEE
TOTAL	ADDITIONAL FEE

AMENDMENT	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
TOTAL	ADDITIONAL FEE

OR

RATE	ADDITIONAL FEE
TOTAL	ADDITIONAL FEE

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
- |            |  |    |            |
|------------|--|----|------------|
|            |  | OR |            |
|            |  | OR |            |
| TOTAL      |  | OR | TOTAL      |
| ADDIT. FEE |  | OR | ADDIT. FEE |
- NMPT10-075 070x 10041